

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-021351**

FILED VS JUN 9 1960 **318**

**1003**

**5600**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>City</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Length of stay in 1b <u>2 DAYS</u>	c. CITY OR TOWN <u>FORENA - MO.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ALEXIAN BROS. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>RR# 1 ST JOS. HILL INFIRMARY</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>DETER</u> Last <u>OBRIEN</u>			4. DATE OF DEATH Month <u>5</u> Day <u>29</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 25 - 1896</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MOLDER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOUNDRY</u>	11. BIRTHPLACE (City and state or country) <u>HILLSBORO MO RR#2</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
13a. FATHER'S NAME <u>TERRENCE OBRIEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET BUCKLEY</u>		14. NAME OF HUSBAND OR WIFE <u>AGNES OBRIEN DEC.</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>489-05-0802</u>	17. INFORMANT <u>Ann J. Boh</u> Address <u>47258 Hamden ST LOUIS - MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>		<u>10 yrs.</u>
DUE TO (b) <u>arteriosclerosis</u>		<u>15 yrs.</u>
DUE TO (c) <u>4200</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-28-60 to 5-29-60 and last saw her him alive on 5-29-60  
Death occurred at 5-29-60 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Eugene H. Edle MD</u>		22b. ADDRESS <u>4971 Chippewa St</u>		22c. DATE SIGNED <u>5-31-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>June 1 - 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST COLUMBKILLS CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>BYRNESVILLE MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>BRIMMER FUNERAL HOME HOUSE SPRINGS MO.</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 31 1960</u>	26. REGISTRAR'S SIGNATURE <u>Loal Smith, M.D.</u>	

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

JUN 17 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert J. Law Jr.  
Licensed Embalmer No. 4800  
P. O. Address Kirkwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.